

BASELINE INTERVIEW

Interview Cover Sheet

◀Fill out prior to interview▶

A1. STUDY ID _____

A2. INTERVIEW DATE (MM/DD/YY) _____

A3. INTERVIEWER'S INITIALS _____

A4. LANGUAGE OF INTERVIEW	English	1
	Spanish.....	2
	Vietnamese	3
	Other	4

A5. INTERPRETER PRESENT	Yes	1
	No	2

A6. ADDRESS OF INTERVIEW

Street Number/Name:.....	Apt. No.
City:.....	ZIP code

A7. START TIME _____ AM/PM

A8. CARETAKER'S RELATIONSHIP TO CHILD

Mother (bio or adoptive)	1
Father (bio or adoptive).....	2
Step-mother	3
Step-father	4
Foster parent.....	5
Grandmother.....	6
Grandfather.....	7
Sibling	8
Other family	9
Other non-family	10
Don't know.....	99

Specify _____

Specify _____

Introduction

◀Read to subject verbatim▶

The purpose of this survey is to collect information about your child's asthma.

Some of the questions are designed to help guide the Healthy Homes Outreach Workers and the type of help you will receive. Other questions are for research purposes and will help us figure out what kind of help to give all families with an asthmatic child.

We are asking questions about your child's asthma, visits to the clinic and emergency room, the kinds of medication your child has been prescribed, the information your doctor has given you about asthma, and also your attitudes, knowledge and beliefs about your child's asthma.

If there is a question you do not want to answer, please let me know and we can skip it. All of your responses are confidential and will not affect any of the services you receive at the clinic or from your provider.

Knowledge and Beliefs Pretest

◀Read to subject▶

I am now going to ask you a series of questions about asthma in general and things in the environment as they relate to asthma. Please answer giving your best response based on what you know right now.

KB1. For the following statements, tell me if you agree or disagree.

“Asthma symptoms can be made worse by...”

◀Interviewers: Circle 1 or 2 for the answer▶

	Agree	Disagree	Don't Know
a. Dust	1	2	9
b. Cockroaches	1	2	9
c. Mosquitoes	1	2	9
d. Mold, Mildew or fungi	1	2	9
e. Tobacco smoke.....	1	2	9
f. Colds/flu	1	2	9
g. Eggs	1	2	9
h. Chocolate.....	1	2	9
i. Pollen.....	1	2	9
j. Air pollution	1	2	9
k. Wood smoke (from a fireplace or stove).....	1	2	9
l. Grass.....	1	2	9
m. Rodents (mice or rats)	1	2	9
n. Strong perfumes, or air fresheners	1	2	9
o. Household cleaning products	1	2	9

KB2. How soon should a child with asthma return to the room after you are done cleaning that room? [READ EACH RESPONSE AND ASK THE CLIENT TO SELECT]

2 minutes	1
20 to 30 minutes	2
1 hour.....	3
2 hours	4
Don't Know.....	9

KB3. Please tell me if you agree or disagree with the following statements:

	Agree	Disagree	Don't Know
a. The best way to get rid of hazardous household products is by emptying them down the toilet.....	1	2	9
b. Having a lot of plants inside the home makes children with asthma better.....	1	2	9
c. If someone has a pet and their child is allergic, using a special air filter (HEPA filter) can make that child's asthma better.....	1	2	9
d. Carpet and fabric furniture with mold/mildew damage can be cleaned in a way that makes it safer for kids with asthma.....	1	2	9
e. Excess moisture/humidity in the house is good for a child with asthma.....	1	2	9
f. Carpet on a basement floor can be harmful to a child with asthma	1	2	9
g. It is important to keep children with asthma away from things that make their asthma worse, even when they are not bothered by their asthma.....	1	2	9
h. Dust Mites are found in every home	1	2	9
i. Bedding washed in cold water and detergent can get rid of dust mites.	1	2	9
j. It helps children with asthma to use a humidifier all the time	1	2	9
k. Old cigarette smoke trapped in clothes and furniture can make asthma worse	1	2	9
l. Keeping rooms warm in the winter makes the house less humid	1	2	9

- KB4. Which of the following common household products are considered toxic or hazardous?
[READ EACH ITEM AND ASK “IS *ITEM* TOXIC OR HAZARDOUS, YES OR NO?”]

	Yes	No	Don't Know
a. Drano/Liquid plumber.....	1	2	9
b. Toilet bowl cleaner.....	1	2	9
c. Antifreeze.....	1	2	9
d. Raid or other bug killer	1	2	9
e. Baking soda.....	1	2	9

- KB5. What is the **BEST** way to clean mold/mildew?

Tilex or other store brought cleaner	1
Mild Bleach and water solution	2
Detergent and water.....	3
Plain water.....	4
Don't know.....	9

Please select only one

- KB6. Which of the following can set off asthma attacks in people who have asthma ?
[ASK “DOES *ITEM* SET OFF ASTHMA ATTACKS, YES OR NO?”]

	Yes	No	Don't Know
a. Stuffed animals.....	1	2	9
b. Fruit	1	2	9
c. Fish and turtles	1	2	9
d. Birds	1	2	9
e. Hamsters.....	1	2	9
f. Vegetables	1	2	9
g. Upholstered furniture (covered with fabric).....	1	2	9

- KB7. Which room is **MOST** important to keep the cleanest to prevent a child with asthma from getting sicker:

Cooking area	1
Basement	2
Child's sleeping area	3
Living area.....	4
Don't know.....	9

Please select only one

KB8. Which of the following helps to cut down on the amount of dust in the house and makes it healthier for a child with asthma?

Using a dust mat outside your most heavily used door.....	1
Having people take their shoes off when they come in the house.....	2
Both	3
Neither	4
Don't know.....	9

KB99. If someone smokes a cigarette in the living room of your house, how long would it take for the smoke to reach the rest of the house?

1 minute.....	1
15 minutes	2
30 minutes	3
1 hour.....	4
2 hours	5
Don't know.....	9

KB10. Repairing leaking faucets in a house make a child's asthma better by

Helping get rid of cockroaches.....	1
Reducing mold or mildew	2
Both	3
Neither	4
Don't know.....	9

KB11. To improve a child's asthma, it is best to cover their mattress with a:

Foam pad	1
Allergy control mattress cover	2
Nothing.....	3
Don't know.....	9

EMPOWERMENT

◀Instructions for interviewer to read▶

In this series of questions, I will read you a series of statements and for each of the statements, I want you to tell me if you strongly disagree, disagree, agree, or strongly agree with the statement. There are no right or wrong answers, we are just trying to get your opinion on the statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
E1. I have the resources that I need to manage my child's asthma.	1	2	3	4	9
E2. I can identify the specific things that set off asthma in my child.	1	2	3	4	9
E3. I can keep things that set off asthma in my child out of the house.	1	2	3	4	9

MEASURES OF MORBIDITY (HEALTH)

◀Instructions for interviewer to read▶

This section is about how often your child is sick. It is important to be as accurate as possible. [INTERVIEWER SHOULD SHOW CALENDAR TO CLIENT AND IDENTIFY SPECIFIC DATES BEING REFERRED TO]

- MM1. During these past 14 days, about how many **days** did [CHILD] have wheezing OR tightness in the chest OR cough? [explain if necessary: on how many days was at least ONE of these symptoms present] ["days" means one 24 hour period, both daytime and nighttime]
Number of days:
- MM2. During these past 14 days, about how many **days** did [CHILD] have shortness of breath *because of asthma*?
Number of days:
- MM3. During these past 14 days, about how many **days** did [CHILD] have to slow down or stop his/her play or activities *because of asthma, wheezing, tightness in chest or cough*?
Number of days:
- MM4. During these past 14 nights, about how many **nights** did [CHILD] wake up because of wheezing or tightness in the chest or cough?
Number of nights:.....

- MM5. During these past 14 days, about how many **days** did [CHILD] have *any* of these Asthma symptoms (wheezing, slow play, waking up or any others)? [PROMPT IF NECESSARY: "THAT IS, HOW MANY DAYS DID [CHILD] HAVE ONE OR MORE OF THESE SYMPTOMS?"]

Number of days:

- MM6. During the past 14 days, did [CHILD] use any of the following asthma reliever (**RESCUE**) medicines by either inhaler, puffer, nebulizer (breathing machine) or by mouth? [IF NONE SKIP TO MM7. USE SHOW CARD OF ASTHMA MEDICATIONS AND ASK RESPONDENT TO SHOW YOU MEDICATIONS USED.]

	Yes	No	Don't Know
Albuterol (ventolin, proventil, airt)	1	2	9
Metaproterenol (alupent)	1	2	9
Pirbuterol (maxair)	1	2	9
Terbutaline (brethaire, brethine)	1	2	9
Isoetharine (bronkosol)	1	2	9
Other short acting beta ₂ -agonist	1	Specify	
Don't know (go to MM7)	9	None: Go to MM7	

- MM6a. [If any use ask]: On about how many **DAYS** (of the past 14 days) did [CHILD] use ANY of these RESCUE MEDICINES?

Number of days any rescue medicine was used.....

- MM7. During the past 14 days, about how many **days** did [CHILD] use any NON-prescription asthma medicines such as: Primatene Mist, Bronkosol Mist, etc.

Number of days

Specify medicine(s) used:

- MM8. During the past 14 days, about how many **days** did [CHILD] have to use extra (more than the usual amount) asthma medicines to control his/her asthma?

Number of days

- MM9. Does [CHILD] usually attend daycare, preschool or school?

Yes

No

1

2

GO TO MM10

- MM9a. How many days in the last two weeks was the daycare, preschool or school open?

- MM9b. During the past *two weeks*, how many days did [CHILD] miss daycare, preschool or school *for any health related reason*?

- MM9c. How many of those days did [CHILD] miss daycare, preschool or school *because of asthma*?

- MM10. During the past 14 days, how many days, *because of [CHILD'S] asthma*, did YOU miss YOUR work or school? Days

◀INTERVIEWER PLEASE NOTE: FOR THE FOLLOWING QUESTION, MM11, COUNT 1 DAY FOR EACH ADULT WHO MISSED WORK OR SCHOOL. FOR EXAMPLE, IF 2 ADULTS MISSED WORK ON MONDAY AND 1 MISSED WORK ON TUESDAY, COUNT 3 DAYS. ▶

- MM11. During the past 14 days, how many days, *because of [CHILD'S] asthma*, did OTHER ADULTS miss their work or school? Days

- MM12. During the past *two weeks*, did [CHILD] have any of the following illnesses? READ RESPONSES, CIRCLE ALL THAT APPLY.

	Yes	No	Don't Know
Cold/Flu	1	2	9
Fever	1	2	9
Ear infection.....	1	2	9
Runny nose	1	2	9
Sore throat.....	1	2	9
None of the above.....	9		

◀Instructions for interviewer to read▶

Now I am going to ask you some questions about the last TWO MONTHS, that is since _____.

[◀SHOW CALENDAR AND DEFINE BEGINNING DATE OF THIS TWO MONTH TIME PERIOD IN RELATION TO A WELL-UNDERSTOOD DATE, SUCH AS A HOLIDAY. FOR EXAMPLE, "SINCE NEW YEAR'S DAY."]

MM13. During the past 2 months, did [CHILD] have to stay overnight in the hospital for any reason?

Yes

1
2

 [ANSWER 13a-13f]
No [SKIP TO MM14]

MM13a. How many times?.....

--

 stays

Start with the most recent hospitalization and complete the grid below. Use calendar.

MM13b. When was the last time [CHILD] was in the hospital overnight?

MM13c. How many days was [CHILD] in the hospital then?

MM13d. What was the main reason that [CHILD] was hospitalized that time?
[DO NOT READ LIST. USE CODES BELOW.]

Asthma

1
2
99

Other.....
Don't know.....

MM13e. Was [CHILD] in the Intensive Care Unit (ICU)?

Yes.....

1
2

No.....

MM13f. What was the name of the hospital?

	b. Date	c. Days	d. Reason [enter code "1" or "2"]	e. ICU	f. Hospital Name
1. MOST RECENT:	_____	_____	_____	_____	_____
2. MOST RECENT #2:	_____	_____	_____	_____	_____
3. MOST RECENT #3:	_____	_____	_____	_____	_____
4. MOST RECENT #4:	_____	_____	_____	_____	_____

MM14. Not counting hospitalizations, during the past 2 months, did [CHILD] go to an emergency room for any reason?

Yes.....

1
2

 [ANSWER 14a-14d]
No..... [SKIP TO MM15]

MM14a. How many visits?

 visits

Start with the most recent visit and complete the grid below for up to 6 visits. Use calendar.

MM14b. When was the (last) time?

MM14c. Was that visit for asthma or another reason?

Asthma

1
2
9

Other.....
Don't know.....

MM14d. What was the name of the emergency room?

	b. Date	c. Reason Code	d. Name of ER
1. MOST RECENT:	_____	_____	_____
2. VISIT #2:	_____	_____	_____
3. VISIT #3:	_____	_____	_____
4. VISIT #4:	_____	_____	_____
5. VISIT #5:	_____	_____	_____
6. VISIT #6:	_____	_____	_____

MM15. Not counting hospitalizations or emergency room visits, during the past 2 months, did [CHILD] see a doctor or health care provider for any reason? Include visits to a doctor's office, or a clinic, but not the emergency room.

Yes.....

1
2

 [Answer MM15a-MM15e]
No..... [SKIP TO MR1]

MM15a. How many times?

 times

Start with the most recent visit and complete the grid below for up to 6 visits. Use calendar.

MM15b. When was the (last) visit?

MM15c. Was that visit for asthma or another reason?

Asthma

1
2
9

Other.....
Don't know.....

MM15d. Was that an appointment that was scheduled at a clinic at least 24 hours ahead?

Clinic, scheduled at least 24 hours ahead.....

1
2

Clinic, unscheduled [walk-in or scheduled less than 24 hours ahead]

MM15e. What was the name of the clinic?

	b. Date	c. Reason code	d. Scheduled/ Unscheduled	e. Name of Clinic
1. MOST RECENT:	_____	_____	_____	_____
2. MOST RECENT #2:	_____	_____	_____	_____
3. MOST RECENT #3:	_____	_____	_____	_____
4. MOST RECENT #4:	_____	_____	_____	_____
5. MOST RECENT #5:	_____	_____	_____	_____
6. MOST RECENT #6:	_____	_____	_____	_____

MEDICAL RISK ASSESSMENT

MR1. In the last 12 months, has [CHILD] used medicine prescribed by a doctor for asthma?

Yes

1

Go to next question MR2

No

2

Go to question MR7

◀Instructions for interviewer to read▶

I would now like to find out about all medicines prescribed by a doctor that [CHILD] takes for his/her asthma.

◀Interviewer

- Ask respondent to show you all the prescribed medications for you to see.
- If some are not available, use the show card to help respondent identify any medications.
- Use additional medication data sheets if needed and staple to questionnaire when done.

After last medication, **ask:** "Are there any more medications?" ▶

	MR2	MR3	MR4	MR5	MR6
	Med. #1	Med. #2	Med. #3	Med. #4	Med. #5

Name of Medications: _____

1. When did he/she start taking this medicine?

Less than 1 month ago.....

1

1

1

1

1

1 month to 6 months ago.....

2

2

2

2

2

More than 6 months ago.....

3

3

3

3

3

Don't know.....

9

9

9

9

9

2. How is the medicine taken?

Pill or liquid (by mouth).....

1

1

1

1

1

Inhaler/puffer with spacer.....

2

2

2

2

2

Inhaler/puffer without spacer

3

3

3

3

3

Breathing machine/nebulizer.....

4

4

4

4

4

Don't know.....

9

9

9

9

9

3a. How many days in the PAST TWO WEEKS has he/she taken this medicine?

Days

--	--	--	--	--	--	--

3b. And how many times each day did he/she take this medicine?

1 time every day

1

1

1

1

1

2 times every day.....

2

2

2

2

2

3 times every day.....

3

3

3

3

3

4 times every day.....

4

4

4

4

4

Other.....

5

5

5

5

5

→→→→(Specify)

Don't know.....

9

9

9

9

9

[If the number of times per day was different on different days, record the highest number of times per day reported.]

MR7. Some people use asthma medicines they can get without a prescription. Do you buy any medications that you can get without a prescription, such as Primatene Mist or Bronkaid Mist for [CHILD's] asthma?

Yes

No

1

2

Go to next question MR8

SKIP to PC1

◀Instructions for interviewer to read▶ “I would now like to ask you some questions about medicines that you can buy without a prescription for [CHILD's] asthma.”

◀Interviewer:

- Ask respondent to show you all the non-prescription medications for you to see.
- If some are not available, use the show card to help respondent identify any medications.
- Use additional medication data sheets if needed and staple to questionnaire when done.
- After last medication, ask: “Are there any more medications?” ▶

MR8
Med. #1

MR9
Med. #2

MR10
Med. #3

MR11
Med. #4

MR12
Med. #5

Name of Medications: _____

1. When did he/she start taking this medicine?

Less than 1 month ago.....

1

1

1

1

1

1 month to 6 months ago.....

2

2

2

2

2

More than 6 months ago.....

3

3

3

3

3

Don't know.....

9

9

9

9

9

2. How is the medicine taken?

Pill or liquid (by mouth).....

1

1

1

1

1

Inhaler/puffer with spacer.....

2

2

2

2

2

Inhaler/puffer without spacer.....

3

3

3

3

3

Breathing machine/nebulizer.....

4

4

4

4

4

Don't know.....

9

9

9

9

9

3a. How many days in the PAST TWO WEEKS has he/she taken this medicine?

Days

3b. And how many times each day did he/she take this medicine?

1 time every day

1

1

1

1

1

2 times every day.....

2

2

2

2

2

3 times every day.....

3

3

3

3

3

4 times every day.....

4

4

4

4

4

Other.....

5

5

5

5

5

→→→→(Specify)

Don't know.....

9

9

9

9

9

[If the number of times per day was different on different days, record the highest number of times per day reported.]

PATIENT COMPLIANCE

◀Instructions for interviewer to read▶

Sometimes when a doctor prescribes medication, patients have a hard time taking medication the way the doctor suggests for whatever reason. The following questions are asking about missed medications and some of the reasons why this may have occurred.

PC1. Is [CHILD] now taking asthma medications?

Yes	1
No.....	2
Don't Know	9

Ask questions PC3-PC7

Ask question PC2

PC2. Are there times of the year when [CHILD] regularly takes asthma medications?

Yes	1
No.....	2
Don't Know	9

If Yes, ask questions PC3-PC7.

Skip section and go to PE1

PC3. Sometimes it's hard to always take medicine as prescribed by the doctor. During the last two weeks [or during the times of the year when [CHILD] regularly takes asthma medications], how often did your child take his/her asthma medication exactly as the doctor recommended?

Every day	1
Nearly every day	2
Three or four times a week	3
Once or twice a week.....	4
Not at all.....	5
Don't Know	9

PC4. During the last two weeks have you or your child ever forgotten to use his/her asthma medicines?

Yes	1
No.....	2
Don't Know	9

If yes, how many days _____

PC5. During the last two weeks has your child ever stopped taking his/her asthma medicines because he/she felt better?

Yes	1
No.....	2
Don't Know	9

If yes, how many days _____

PC6. During the last two weeks has your child taken his/her asthma medicines less than the doctor prescribed because he/she felt better?

Yes	1
No.....	2
Don't Know	9

If yes, how many days _____

PC7. During the last two weeks has your child ever stopped taking his/her asthma medicines because he/she felt worse?

Yes	1
No.....	2
Don't Know	9

If yes, how many days _____

PATIENT EDUCATION

◀Instructions for interviewer to read▶

Doctors sometimes provide education about asthma to their patients. This next section is about information your DOCTOR (or someone in the doctor's office such as nurse, case manager or nurse practitioner) has told you.

- PE1. Has a doctor ever told you to have [CHILD] use a **mattress cover** to cut down how much dust [CHILD] breathes?
- | | |
|------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know | 9 |
- PE2. Has a doctor ever told you to have [CHILD] use a **peak flow meter** to measure his or her breathing?
[PROMPT IF NEEDED: "A peak flow meter is a device you breathe into that measures how well air moves in and out of the lungs."]
- | | |
|------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know | 9 |
- PE3. Has your doctor given you an **asthma management (action) plan** so you know what to do if your child's asthma gets worse?
IF NEEDED EXPLAIN: "This is a plan of instructions that your doctor has made specially for your child so you know how to change medicines and do other things if the asthma gets worse."
- | | |
|------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know | 9 |
- PE4. Has your child ever gotten a **skin test** to see what substances cause him/her allergies?
IF NEEDED EXPLAIN: "A skin test is when a child's skin is pricked with a pin to see if it swells up in response to a substance that can cause allergies."
- | | |
|------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know | 9 |
- PE5. Has a doctor ever talked to you about **how to use asthma medications** so they work well?
- | | |
|------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know | 9 |
- PE6. Has a doctor ever talked to you about **ways to clean your home** to help your child's asthma?
- | | |
|------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know | 9 |

- PE7. Has a doctor ever talked to you about **tobacco smoke** and your child's asthma?
 Yes 1
 No 2
 Don't know 9
- PE8. Has a doctor ever talked to you about **dust mites** and your child's asthma?
 Yes 1
 No 2
 Don't know 9
- PE9. Has a doctor ever talked to you about **moisture in the home** and your child's asthma?
 Yes 1
 No 2
 Don't know 9
- PE10. Does your child currently use a **peak flow meter** to measure his or her breathing?
 Yes, everyday 1
 Yes, sometimes 3
 No 2
 Don't know what one is 9
- PE11. Has a doctor ever talked to you about **roaches** and your child's asthma?
 Yes 1
 No 2
 Don't know 9
- PE12. Has a doctor ever talked to you about **rodents** (that is, mice or rats) and your child's asthma?
 Yes 1
 No 2
 Don't know 9
- PE13. Has a doctor ever talked to you about **pets** and your child's asthma?
 Yes 1
 No 2
 Don't know 9

PEDIATRIC ASTHMA HEALTH OUTCOMES CALENDAR

Caregivers of children 6-9 years old should complete the calendar and questions.

Children age 7-12 years old should complete a **second** calendar (included in the supplementary interview materials).

Now I would like to talk about how asthma affected [child] in the past week. Today is [day of week].

◀ **SHOW CALENDAR AND MARK "X" ON TODAY.** ▶

So I am talking about the 7 days beginning last [day of week].

◀ **POINT TO DAY ON WHICH TO BEGIN ON CALENDAR.** ▶

Please use the calendar to give us the following information:

QUESTIONS:

- HO1. Please check box "H" on each day during the past 7 days that [child] went to the hospital or visited the doctor because [child] was sick with asthma.
- HO2. Please check box "S" on each day during the past 7 days that [child] didn't go to the hospital or doctor's office, but had asthma symptoms such as wheezing, tightness in the chest, shortness of breath, cough or awakening during the night because of these symptoms.
- HO3. Please check box "U" on each day during the past 7 days that [child] was unhappy because of asthma.
- HO4. Please check box "A" on each day during the past 7 days that [child] had to slow down his/her normal activities or exercise because of asthma.

Pediatric Asthma Health Outcome Classification Calendar

Date_____

[illegible]

DEMOGRAPHICS

◀Interviewer states▶

We have a few questions we would like to ask about your family and home.

- D1. How many adults (18 years of age or older) regularly live in the home?
- D2a. How many children (less than 18 years of age) regularly LIVE in the home?..... (include the study subject in this number)
- D3. How long has [CHILD] lived at his/her current address?..... a years
b months

◀If one year or more, fill in number of years in row "a." Round DOWN to the lower year if the response includes a fraction of a year (e.g. if the response is 2 1/2 years, record "2" as the response.) If less than one year, record the number of months in row "b."▶

- D4. Has [CHILD] lived his/her entire life in the Puget Sound Region?

Yes
 No

1
2

If no, where else has [CHILD] lived and during what years?

Where			When
City	State	Country	
			19__ to 19__
			19__ to 19__
			19__ to 19__
			19__ to 19__
			19__ to 19__
			19__ to 19__

- D5. In what state or country was [CHILD] born?
- D6. How many times has [CHILD] moved (changed houses in which he/she lives) in the past FIVE years?
 # of times:
- D7. Do you rent or own your home?
- Rent..... 1
 Own..... 2

D7A. Do you currently receive any housing assistance from the Seattle Housing Authority (SHA) ?

Yes	1
No	2
Don't know	9

D8. How old are you?

Years	_____
Refused	9

Now, thinking about YOUR ethnicity. . . .

D9. Are you of Hispanic/Spanish/Latino origin?

Yes	1
No	2
Don't know	9

D10. What race or ethnicity do you consider yourself to be? (show selection card)

White or Caucasian.....	1
Black or African American.....	2
Native American.....	3
Alaska Native, Eskimo, Aleut	4
Chinese	5
Japanese	6
Filipino.....	7
Asian Indian.....	8
Hawaiian	9
Samoan	10
Korean.....	11
Southeast Asian (included Vietnamese, Cambodian, Hmong, others)	12
Other Asian Pacific Islander	13
Other	14
Don't know	99

Specify _____

I'd now like to ask you a few questions about your job and your education.

D11. Are you currently employed?

Yes

1

No

2

D12. What is the highest grade or year of school you completed?

Never attended school or only Kindergarten

1

Grades 1 through 8 (Elementary).....

2

Grades 9 through 11 (Some high school)

3

Grade 12 (High school graduate).....

4

GED

5

College 1 year to 3 years (Some college or technical school.....

6

College 4 years or more (College graduate)

7

No answer

9

CHILD CARE QUESTIONS

CC1. We would now like to ask some questions about [CHILD]'s daily routine and where s/he spends time.

- A. During the summer months (June-September) how many hours does [CHILD] spend in the following places during the week (Monday-Friday)?

Interviewer: Hours should add up to 24 hours.

Place	Hours
School	_____
Head Start	_____
Out of home daycare (daycare center, preschool or other non-home site)	_____
Your home (including sleeping)	_____
Other	_____
Should equal 24 hours	

- B. During the school year (September- June), how many hours does [CHILD] spend in each of the following places during the week (Monday-Friday)?

Interviewer: Hours should add up to 24 hours.

Place	Hours
School	_____
Head Start	_____
Out of home daycare (daycare center, preschool or other non-home site)	_____
In home daycare (daycare you pay for in someone else's home)	_____
Your home (includes sleeping)	_____
Other	_____
Should equal 24 hours	

ACCESS TO CARE

◀Instructions for the interviewer to read to subject▶

These next few questions are about your child's health insurance and health care provider.

AC1. Is [CHILD'S NAME] covered by any health insurance?

Yes	1
No	2
Don't know	9

AC2. What kind of health insurance or health care coverage is this?

Private health insurance from employer or workplace.....	1
Private health insurance plan purchased directly	2
Basic Health Plan (Private health insurance purchased through the government).....	3
Medicaid (coupons from DSHS)	4
Military/VA/CHAMPUS	5
Indian Health Service.....	6
Other	7
Don't Know	9

AC3. What is the health insurance plan's name?

AC4. Does [CHILD] have a doctor or other health care provider who he/she usually sees for most of his/her medical care?

Yes	1
No	2

GO TO AC7

AC5. Is this the doctor or health care provider who mainly treats [CHILD'S] asthma?

Yes	1
No	2
Don't Know	9

AC6. Who is the doctor or health care provider who mainly treats [CHILD'S] asthma?

Name:.....

AC7. What is the name of the clinic where [CHILD] is treated for asthma?

Name:.....

No main clinic.....

1

Don't Know

9

AC8. Is there someone else at the doctor's office, like a CASE MANAGER or OUTREACH WORKER who helps you take care of [CHILD'S] asthma. **(If necessary, add: "someone who helps you get the services you need, teaches you about asthma and keeps track of how your child's asthma is doing.")**

Yes

1

No

2

Don't Know

9

AC9. During the past 2 weeks, how much time did you or other adults spend treating your child's asthma, such as going to the clinic or doctor, or giving medicine at home?

None.....

0

Less than one hour

1

1 to 2 hours

2

2 to 3 hours

3

3 to 4 hours

4

4 to 5 hours

5

5 to 6 hours

6

6 to 7 hours

7

7 to 8 hours

8

More than eight hours

9

Don't Know

99

Specify _____

For the **next two** questions, AC10 & AC11, read all items, then ask respondent if he/she would like to give an amount for each item or a total, then record.

Fill in whole dollar amount or circle 0 or -1 for “none” or “don’t know”

- AC10. During the past 2 months, how much did you spend out-of-pocket for each of the following items related to treatment of your child’s asthma?

Item	\$	None	Don’t Know
Outpatient care (doctor, lab, exam, etc.).....		0	-1
Hospital care		0	-1
Medications.....		0	-1
Travel (bus, taxi, gasoline, parking, etc.).....		0	-1
Caretaker or babysitter		0	-1
Other expenses (Please specify:)		0	-1
Total		0	-1

- AC11. During the past 2 months, how much money did you spend on the following items? Please tell me in whole dollar amounts.

Item	\$	None	Don’t Know
Cleaning products		0	-1
Eucalyptus oil		0	-1
Sealed food containers		0	-1
Garbage can with covers.....		0	-1
Remove cloth covered furniture and replace it with some other type of furniture		0	-1
Blinds or other curtain replacements		0	-1
Remove carpeting and replace with other flooring.....		0	-1
Filters for furnace or air heating/cooling outlets.....		0	-1
HEPA air filter unit.....		0	-1
Bedding (sheets, pillows, pillow cases, blankets).....		0	-1
Ventilation fan		0	-1
Repairs to walls, plumbing, basement, etc. related to child's asthma.....		0	-1
Other (Please specify:)		0	-1
Total		0	-1

SMOKING

Now I'm going to ask you some questions about smoking tobacco.

TS1. How many people who live in [CHILD'S] home smoke?

Include respondent if smoker.

Number of people: _____ *C78, C34*
 None..... 0

TS2. Does anyone else who takes care of [CHILD], such as a baby-sitter or day care worker, smoke?

Yes 1 *C98*
 No 2
 Don't Know 9

TS3. Do you smoke cigarettes, even occasionally?

Yes 1 *C78, C34*
 No 2 *Skip to TS8*

TS4. About how many cigarettes a day do you now smoke? _____

TS5. About how many days a week do you now smoke? _____

TS6. How often do you change clothes after smoking before spending time with your asthmatic child?

Always 1
 Sometimes..... 2
 Rarely..... 3
 Never..... 4
 Don't Know 9

TS7. How often do you go outside the house to smoke?

Always 1
 Sometimes..... 2
 Rarely..... 3
 Never..... 4
 Don't Know 9

TS8. Does [CHILD] smoke cigarettes?

Yes
No

1
2

C78

TS9. Many people have difficulties keeping their children away from tobacco smoke. Do you have problems keeping [CHILD] away from people who are smoking?

Yes
No
Don't Know

1
2
9

C98

TS10. How frequently is your child around people who are smoking? Would you say. . . . [READ CHOICES]

Daily.....
Several times a week.....
Several times a month.....
Rarely.....
Don't Know

1
2
3
4
9

C98

C98

C98

TS11. Do you do any things to keep your child from breathing tobacco smoke?

Yes
No

1
2

C98

TS12. Tell me the things you do to keep your child from breathing tobacco smoke: [DO NOT READ RESPONSES, BUT CIRCLE THOSE ITEMS MENTIONED. MULTIPLE RESPONSES ACCEPTED.]

Not allow smoking in the house
Allow smoking only in certain rooms
Not allow smoking in a room if [CHILD] is present
Change clothes I wear while smoking before being with [CHILD]
Not allow smoking in the car
Quit smoking myself
Get others in the house to quite
Keep child away from smokers/smoking rooms
Other.....

1
2
3
4
5
6
7
8
88

Specify _____

I.D. # _____

Time Started _____ AM/PM enter current time)

Home Environment Survey Instrument

Healthy Homes Asthma Project

This section will be done as part of the baseline interview

MAKE THE FOLLOWING OBSERVATIONS UPON ENTERING THE HOME (THESE ARE NOT QUESTIONS TO ASK THE CARETAKER)

ES1. Does the home smell like tobacco smoke?

Yes

1
2
9

C75, C34

No

Don't Know

ES2. Does the home smell moldy or musty?

Yes

1
2
9

C51

No

Don't Know

During the course of the interview, the following measurements are to be made.

ES3. What is measured temperature in living room or common family space at time of the interview?

--

 If < 60°, C62

ES4. What is measured relative humidity in living room or common family space at time of the interview?

--

ES5. What is measured temperature in child's bedroom at time of the interview?

--

ES6. What is measured relative humidity in child's bedroom at time of the interview?

--

ES6a What is the temperature of the hot water in the house [test hot water from sink]?

--

 If < 130°, A62, C35

◀Instructions for interviewer to read▶

The purpose of these questions is to look at the environment in your home and how it relates to your child's asthma as well as the health of other household members.

A. GENERAL HOUSEHOLD

ES7. Have you done any of the following things around the house because of [child's] asthma?

Read all, show card, circle all that apply.

a. Removed carpets from the room where the child sleeps	Yes	No, carpets still present	Never had carpet
b. Removed drapes or curtains from the room where the child sleeps	Yes	No, drapes/ Curtains still present	Never had drapes or curtains
c. Covered the child's mattress with a plastic or vinyl cover.....	Yes	No	
d. Installed a ventilation fan	Yes	No fan present	Always had ventilation fan
e. Used a humidifier	Yes	No	
f. Used an air cleaner.....	Yes	No	
g. Removed visible mold growth	Yes	No	
h. Removed pets from the home.....	Yes	No	Never had pets
i. Stopped everyone from smoking cigarettes in the home	Yes	No	Never any smokers
j. Controlled or eliminated cockroaches.....	Yes	No	Never a problem
k. Controlled or eliminated mice or rats.....	Yes	No	Never a problem
l. Heated the home more to prevent moisture problems.....	Yes	No	
m. Other.....	Yes	No	N/A
(Specify): _____			
PROMPT: "Anything else?"	Specify: _____		

ES8. How do you stop tracking-in dust or dirt to your home? Do you
[READ RESPONSES]:

	Yes	No	
Remove shoes?	1	2	<i>If no, C12</i>
Use doormat or hall rug?	1	2	<i>If no, C12</i>
Not do anything special.....	1	2	<i>If yes, C12</i>
Don't know	9		<i>C12</i>

ES9. Does every outside door have a doormat? Yes 1 GO to ES10

Some 2 *C12* GO to ES10

None do..... 3 *C12* GO to ES12

ES10. What types of doormats do you have? [OBSERVE AND RECORD ALL TYPES]		
	Yes	No
a. Commercial	1	2
b. Rubber	1	2
c. Rope	1	2
d. Plastic	1	2
e. Piece of carpet	1	2
f. Don't Know.....	9	
ES11. How do you clean your doormats?		
Vacuum	1	
Wash.....	2	
Shake or Sweep	3	
Don't clean	9	

ES12. If you work with chemicals (such as pesticides, paints) on the job, do you wash work clothes separately?

Not a problem 3

Yes 1

No 2 *C8*

Don't Know 9

ES13. Do you wash your hands with warm water and soap?

Yes 1

No 2 *C21*

ES14. How many times each day?

1-3 times a day 1 *C21*

4-5 times a day 2 *C21*

6 or more times a day 3

Don't Know..... 9

ES15. What daytime indoor temperature do you maintain during heating season?

Less than 55	1	C62
55-60	2	C62
60-68	3	
68-75	4	
More than 75	5	
Don't Know	9	C62

ES16. How many pets of each type come inside the home? [IF NONE, WRITE "0"]

Cats	_____	} If any → C32, C34
Dogs	_____	
Birds	_____	
Rodents (mice/hamsters/rabbits/guinea pig, other)?	_____	
Other:	SPECIFY: _____	
No pets in the house	_____	

If any cats or dogs are present, ask:

ES17. Do any of these pets spend any time in child's bedroom?		
Yes	1	C33, C34
No	2	
Don't Know	9	
ES18. Are the pets put out of the house at night?		
Yes	1	C100 C100
No	2	
Don't Know	9	

B. CLEANING

The next questions are about things that you do to clean your house.

ES19. Do you have a vacuum in the house?

Yes

1

No.....

2

GO to ES28

ES20. If you have a vacuum, does it have a power head? EXPLAIN IF NECESSARY: "A power head has moving brushes."

Yes.....

1

No.....

2

Don't know.....

9

ES21. Does the vacuum have a special air filter, such as a HEPA filter?

Yes.....

1

No.....

2

Don't know.....

9

ES22. Do you use the vacuum when cleaning your home?

Yes.....

1

No.....

2

ES23. If you use a vacuum, how often do you check the belt?

Monthly

1

About every 6 months.

2

Never

3

Don't Know.....

9

C18

C18

C18

ES24. If you use a vacuum, how many times each year do you check the bag?

Monthly

1

1 to 11 times a year.....

2

Less than once a year.....

3

Don't Know.....

9

C19

C19

C19

ES25. During the last 2 weeks, how many times did you vacuum the floor of the room in which [CHILD] sleeps?

None.....

0

C15 (Child's BR)

1

1

C15(Child's BR)

2

2

C15(Child's BR)

3

3

C15(Child's BR)

4

4

5+

5

Don't Know

9

C15(Child's BR)

ES26. During the last 2 weeks, how many times did you vacuum the floors of the other rooms in the house?

None	0	C17
1	1	C17
2	2	
3	3	
4	4	
5+	5	
Don't Know	9	C17

ES27. During the last 2 weeks, how many times did you vacuum the cloth covered furniture in the home?

None	0	C92
1	1	C92
2	2	
3	3	
4	4	
5+	5	
No cloth covered furniture	6	C92
Don't Know	9	

ES28. During the last 2 weeks, how many times did you dust the room in which [CHILD] sleeps?

None	0	C20(Child's BR)
1	1	
2	2	
3	3	
4	4	
5+	5	
Don't Know	9	

ES29. During the last 2 weeks, how many times did you dust the other rooms in the house?

None	0	C20
1	1	
2	2	
3	3	
4	4	
5+	5	
Don't Know	9	

ES30. During the last 2 weeks, how many times did you mop the kitchen or cooking area floor?

None	0	<i>C20(Kitchen)</i>
1	1	<i>C20(Kitchen)</i>
2	2	
3	3	
4	4	
5+	5	
Don't Know	9	<i>C20(Kitchen)</i>

ES31. What kind of cleaner do you use when you mop the kitchen floor? CIRCLE ALL THAT APPLY.

(1=yes, 2=no)

a. Vinegar	1	2	
b. Oil soap (Murphy's, etc.)	1	2	
c. Plain water	1	2	
d. Detergent product (Spic & Span, Mr. Clean)	1	2	<i>C5, C7</i>
e. Ammonia	1	2	<i>C5, C7</i>
f. Other	1	2	Specify _____
g. Don't Know		9	

ES32. During the last 2 weeks, how many times did you scrub the tub or shower wall in the bathroom?

None	0	<i>C20(Bathroom)</i>
1	1	
2	2	
3 or more	3	
No bathroom	4	
Don't Know	9	<i>C20(Bathroom)</i>

ES33. During the summer, how often do you open your windows?

Two or more times a week	1	
Once a week	2	
Every two weeks	3	<i>C101</i>
Once a month	4	<i>C101</i>
Less than once a month	5	<i>C101</i>
Never	6	<i>C101</i>
Don't Know	9	<i>C101</i>

ES34. How many sets of sheets do you have for [CHILD'S] bed?

1	1	<i>C37(Child's BR)</i>
2 or more	2	
Don't Know	9	<i>C37(Child's BR)</i>

- ES35. During the last two weeks, how many times did you wash your child's sheets and pillowcases?
- | | | |
|------------------|---|----------------------|
| None | 0 | C37(Child's BR) |
| 1 | 1 | C37(Child's BR) |
| 2 | 2 | |
| 3 or more | 3 | |
| Don't know | 9 | C37, C38(Child's BR) |

ES35b. Where do you wash the sheets?

At home	1
In another home	2
In a Laundromat	3
Other	4
Don't know	9

- ES36. During the last two weeks, how many times did you wash your child's pillows?
- | | | |
|------------------|---|-----------------|
| None | 0 | C38(Child's BR) |
| 1 | 1 | C38 |
| 2 | 2 | |
| 3 or more | 3 | |
| Don't know | 9 | C38 |

- ES37. When you wash your child's bed linen what temperature do you use for the wash cycle? For the rinse cycle? [CIRCLE THE TEMPERATURE THAT APPLIES FOR EACH CYCLE. MULTIPLE RESPONSES ARE PERMITTED. For example, if uses hot wash for white sheets and cold for colored sheets, circle both.]

	37a. Wash	37b. Rinse	
Hot	1	1	
Warm	2 C35	2	(Child's BR)
Cold	3 C35	3	(Child's BR)
Not applicable	4	4	
No white bed linen	5	5	
Don't Know	9 C35	9	(Child's BR)

- ES38. Do you add anything to the wash to help get rid of dust mites? PROMPT: "Such as eucalyptus oil."

Yes	1	Specify _____
No	2	
Don't Know	9	

ES39. How many times per year do you wash the cover on your child's bed (i.e. blankets/spreads/comforters)?
[RECORD THE CATEGORY CLOSEST TO THE RESPONSE. IF RESPONDENT UNSURE, READ RESPONSES.]

Once a month	1	
Every three months (4 times a year)	2	C399(Child's BR)
Every six months (2 times a year)	3	C399(Child's BR)
Once a year	4	C399(Child's BR)
Other	5	C399 Specify _____
Don't know	9	C399(Child's BR)

ES40. Do you wash [CHILD'S] stuffed animals?

Yes	1		
No	2	C40(Child's BR)	Skip to ES41
Don't know	9	C40(Child's BR)	Skip to ES41
No stuffed animals	3		

ES40b. How many times per year do you wash your child's stuffed animals?

Once a month	1	C40(Child's BR)
Every three months (4 times a year)	2	C40(Child's BR)
Every six months (2 times a year)	3	C40(Child's BR)
Once a year	4	Specify _____
Other	5	If less than 1/wk, C40
Don't know	9	C40(Child's BR)

ES41. Does the object (bed, mattress, etc.) on which [CHILD] usually sleeps have a zippered allergy control cover?

Yes	1
No	2
Don't Know	9

ES42. Does the pillow have an allergy control cover?

Yes	1
No	2
Don't Know	9

- ES43. During the last 2 weeks, how much time did you or other adults spend on chores such as vacuuming, dusting, washing linen, scrubbing walls, mopping floors, washing area rugs and other activities to help control asthma?

None.....	0
0-1 hour.....	1
1-2 hours	2
2-3 hours	3
3-4 hours	4
4-5 hours	5
5-6 hours	6
6-7 hours	7
7-8 hours	8
More than 8 hours.....	9
Don't Know	99

How many? _____

- ES44. During the last 2 weeks, how much time did a child spend on these activities?
(Probe - repeat list as in ES43 if necessary).

None.....	0
0-1 hour.....	1
1-2 hours	2
2-3 hours	3
3-4 hours	4
4-5 hours	5
5-6 hours	6
6-7 hours	7
7-8 hours	8
More than 8 hours.....	9
Don't Know	99

How many? _____

C. VENTILATION AND MOISTURE

- ES45. Do you use a humidity meter to check on the humidity level in your home?

Yes	1
No	2
Don't Know	9

- ES46. Do windows (other than bathroom and kitchen) fog up during the heating season?

Rarely.....	1	
Sometimes.....	2	C994, C995, C62
Often	3	C994, C995, C62
Don't Know	9	C994, C995, C62

ES47. Do the bathroom windows or mirror fog up for more than 15 minutes after the shower is used?

Yes	1	C45, C994 (Bathroom)
No.....	2	
Don't Know	9	C45, C994(Bathroom)

ES48. Do you use a humidifier in the home?

Yes	1	C48
No.....	2	
Don't Know	9	C48

ES499 What room or rooms do you use it in? (circle all rooms in which it is used) (1=yes, 2=no)

a. Child's sleeping area	1 2
b. Room in which child spends most time while awake	1 2
c. Other room	1 2
d. Don't Know	9

Specify _____

D. INDOOR PEST CONTROL

ES50. Have you had any problems with cockroaches in your home during the past three months?

Yes	1	C64, C65, C66, C67, C13, C61, C14, C70, C71
No.....	2	
Don't Know	9	

ES51. Do you or your landlord have your residence treated by a professional for roaches on a regular schedule?

Yes	1
No.....	2
Don't Know	9

ES52. When was the last time it was treated by a professional?

Within last month	1
1 to 3 months ago.....	2
3 to 6 months ago.....	3
6 to 12 months ago.....	4
As needed.....	5
Other	6
Don't Know	9

Specify _____

Specify _____

ES53. What do they use to treat your home for roaches?

1=yes, 2=no

CIRCLE ALL THAT APPLY

a. Dry powder	1 2
b. Spraying.....	1 2
c. Gel.....	1 2
d. Roach bait trap.....	1 2
e. Other	1 2
f. Don't Know	9

Specify _____

Specify _____

ES54. Do you treat your home for roaches by yourself?

Yes
No

1
2

ES55. When was the last time you treated your home for roaches?

Within last month
1 to 3 months ago
3 to 6 months ago
6 to 12 months ago
As needed
Other
Don't Know

1
2
3
4
5
6
9

Specify
Specify

ES56. What do you use to treat your home for roaches? CIRCLE
ALL THAT APPLY

1=yes, 2=no

a. Dry powder
b. Spraying
c. Gel
d. Roach bait trap
e. Other
f. Don't Know

1	2
1	2
1	2
1	2
1	2
1	2
9	

Specify
Specify

ES57. Have you had any problems with mice or rats in your home during the past three months?

Yes
No
Don't Know

1
2
9

C67. C73. C74. C13.C61

ES58. Have you or your landlord had your residence treated by a professional for rats or mice in the past year?

Yes
No
Don't Know

1
2
9

ES59 When was the last time?

Within last month
1 to 6 months ago
6 to months ago
More than 12 months ago
Other
Don't Know

1
2
4
5
6
9

Specify
Specify

ES60. How is your home treated for rats or mice? CIRCLE
ALL THAT APPLY

1=yes, 2=no

a. Spring traps
b. Glue traps
c. Poison
d. Other
e. Don't Know

1	2
1	2
1	2
1	2
9	

Specify

E. OUTDOOR PEST CONTROL

ES61. How often do you or a commercial service apply any pesticides (including weed killers) outside your home?

Never.....	1	
Less than once a year	2	<i>C11, C5, C82</i>
More than once or more a year	3	<i>C11, C5, C82</i>
Don't Know	9	

F. MATTRESS COVERS

Information for interviewers to read

I have just a couple of last questions. We are providing a **maximum of two mattress covers** for families with children who have asthma. The home visitors will bring these with her or him on the first visit, so we need to get information from you about the kinds and numbers of mattresses you have.

ES62. How many children in your family have asthma?

ES63. [INTERVIEWER:
HOW MANY BEDS WILL NEED MATTRESS COVERS?].

ES64. [INTERVIEWER:
WHAT SIZE MATTRESSES COVERS ARE NEEDED]

Twin		NOTE: Families can have a maximum of two mattress covers, unless there are more than two children with asthma in the family.
Full		
Queen		
King		

NOTE: We are providing a maximum of two mattress covers to families. The only exception to this is when more than two children in the family have asthma AND have their own bed. In that instance, all the asthmatic children should receive a mattress cover for their own bed.

Example 1: if there is one asthmatic child who has a twin bed and sometimes sleeps with a parent in a queen size bed, that family can have two mattress covers.

Example 2: If there are three children with asthma in the family and each has their own twin bed, the family is allowed 3 twin size mattress covers, even if a child occasionally sleeps with a parent in a queen size bed.

Time End **AM/PM**

ALTERNATE CONTACT

I just have one more question. This is a 2 year study and during that time some people may move or change phone numbers. Is there someone you know of who might be able to help us stay in touch with you in case we don't have your correct phone number or address?

Alternate Contact Name _____ Address _____ Phone _____
--

CLOSING STATEMENT

These are all the questions that I have. Thank you for taking the time to answer them. Your answers will provide helpful information, which may help [CHILD'S NAME] and other children with asthma deal better with their asthma in the future, as well as help parents of children with asthma take better care of them.

RANDOMIZATION

Since we cannot serve all the families with multiple visits in the first year we must separate families entering the project into two groups. This is where we will determine which types of services you will receive in the first year.

I now need you to pick one of these envelopes.

The subject will pick one envelope and open it. The interviewer will record the assignment status on the interview form, answer any questions about the randomization, and explain to the subject that either

1.) "I will be working with you over the next year to help you make your home healthier for [CHILD]. I'd like to make our next visit sometime during the next two weeks. At this visit, I will bring you the bedding covers and help you find out what the most important things to change in your house to make it healthier. What is a good day and time for me to come and visit?"

Record:	Date _____	Time _____	AM/PM
---------	------------	------------	-------

Great! I look forward to seeing you then!

OR

2.) "The Master Home Environmentalist volunteer will be getting in touch with you during the next two weeks to set up a first visit and deliver the bedding covers. Is there any particular day of the week and time of day that works best for you?"

Thank you very much.

RECORD ASSIGNMENT STATUS:

HIGH INTENSITY

LOW INTENSITY

1

2

RECORD ENVELOPE NUMBER


Self Administered Questionnaires



PEDIATRIC ASTHMA CAREGIVER'S QUALITY OF LIFE QUESTIONNAIRE

This questionnaire is designed to find out how you have been during the last week. We want to know about the ways in which your child's asthma has interfered with your normal daily activities and how this has made you feel. **Please circle your responses. Thank you.**

[Interviewers: USE HAND-CARD IF NOT SELF-ADMINISTERED. Circle the correct response]

 During the past week, how often:

	All of the time	Most of the time	Quite often	Some of the time	Once in a while	Hardly any of the time	None of the time
	1	2	3	4	5	6	7
CQ1. Did you feel helpless or frightened when your child experienced cough, wheeze, or breathlessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQ2. Did your family need to change plans because of your child's asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please circle your answer							
CQ3. Did you feel frustrated or impatient because your child was irritable due to asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQ4. Did your child's asthma interfere with your job or work around the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQ5. Did you feel upset because of your child's cough, wheeze, or breathlessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQ6. Did you have sleepless nights because of your child's asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please circle your answer							
CQ7. Were you bothered because your child's asthma interfered with family relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQ8. Were you awakened during the night because of your child's asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQ99. Did you feel angry that your child has asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 During the past week, how worried or concerned were you?

	Very, Very Worried/ Concerned	Very Worried/ Concerned	Fairly Worried/ Concerned	Somewhat Worried/ Concerned	A little Worried/ Concerned	Hardly Worried/ Concerned	Not Worried/ Concerned
	1	2	3	4	5	6	7
CQ10. About your child's performance of normal daily activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQ11. About your child's asthma medications and side effects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQ12. About being overprotective of your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CQ13. About your child being able to lead a normal life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CQ14.

~~Now~~, compared to this time last year, how has your family been dealing with [CHILD'S] asthma?

Please circle your answer

1. much better now than one year ago
2. somewhat better now than one year ago
3. about the same as one year ago
4. somewhat worse now than one year ago
5. much worse now than one year ago

To be answered by interviewer.

CQ15. Was this form self-administered?

Yes.....
No.....

1
2

SOCIAL SUPPORT MEASURE

~~Next~~ are some questions about the support that is available to you. These questions are specifically about how much help you get in dealing with your child's asthma [breathing problem].

SS1. Is there someone who helps take care of your child with asthma on a regular basis?	Yes	No
SS2. Is there someone who could give you good advice about how to take care of your child's asthma [breathing problem]?	Yes	No
SS3. If you were worried about your child's asthma [breathing problems], is there someone you could talk to?	Yes	No